

May 6, 2025

The Honorable Shelley Moore Capito
Chair, Senate Appropriations
Subcommittee on Labor, Health and
Human Services, Education, and Related
Agencies
Washington, DC 20510

The Honorable Robert Aderholt
Chair, House Appropriations
Subcommittee on Labor, Health and
Human Services, Education, and Related
Agencies
Washington, DC 20515

The Honorable Tammy Baldwin
Ranking Member, Senate Appropriations
Subcommittee on Labor, Health and
Human Services, Education, and Related
Agencies
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member, House Appropriations
Subcommittee on Labor, Health and
Human Services, Education, and Related
Agencies
Washington, DC 20515

Dear Chairs Capito and Aderholt and Ranking Members Baldwin and DeLauro:

On behalf of the undersigned dental organizations, we respectfully urge you to reject the Administration's Fiscal Year 2026 budget proposal for the Department of Health and Human Services, as it would drastically reduce the Department's discretionary spending, including critical investments in oral health research, prevention, and workforce infrastructure.

It has long been said that "the mouth is the gateway to the body," a phrase that highlights the importance of good oral health to overall health. Federally supported research has established strong connections between oral disease and systemic health conditions, including:

- Endocarditis
- Cardiovascular disease
- Pregnancy and birth complications
- Pneumonia
- Diabetes
- HIV/AIDS
- Oral and throat cancer¹

The President's proposed cuts would place our nation's oral health at risk by defunding, and in some cases eliminating, vital programs that defend against chronic disease, strengthen the dental workforce, and promote a healthier America. These cuts would also weaken our nation's ability to remain a global leader in developing the next generation of treatments and cures for oral diseases and their broader systemic health implications.

¹[Oral health: A window to your overall health - Mayo Clinic](#)

The following oral health investments are at risk:

National Institutes of Health (NIH)

Maintaining trust in the research enterprise and protecting funding for the National Institute of Dental and Craniofacial Research (NIDCR) as a separate and unique institute within NIH is of paramount importance. NIDCR, as the third oldest NIH institute, plays a critical role in advancing oral health and overall well-being through groundbreaking research. NIDCR is the world's largest institution exclusively dedicated to advancing dental, oral, and craniofacial health and has supported research that has led to key discoveries in pain biology and management, reducing opioid use, temporomandibular disorders (TMD), regenerative medicine, and disease diagnostics. Proposed restructuring of the NIH threatens to erode the specialized expertise that has driven these advances. While we welcome a robust discussion about the structure of the federal research system, any reforms must be evidence-based, transparent, and shaped by engagement with a diverse range of stakeholders. Advancing cost-cutting measures in isolation, such as imposing arbitrarily determined caps on indirect costs, could severely weaken the nation's research enterprise and global competitiveness.

CDC Division of Oral Health

The Division of Oral Health (DOH), located within the Centers for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion, supports states and territories in reducing cavities and oral disease rates among vulnerable populations. Oral diseases, which range from cavities to gum diseases to oral cancers, progress and become more complex over time, affecting people at every stage of life, which creates a significant personal and financial burden on individuals and healthcare systems. Studies have shown that about 34 million school hours and 92 million work hours are lost yearly due to unplanned or emergency care, and nearly \$46 billion is lost yearly due to untreated oral disease.² The DOH supports states and territorial health programs, oral disease surveillance, school-based preventive care, medical-dental integration, infection prevention and control guidelines for dental settings and workforce training in public health. Its investment in oral health infrastructure has helped to reduce disease incidence, notably through efforts such as expanding community water fluoridation, which reduces tooth decay by at least 25% in children and adults.³ It is essential that the CDC Division of Oral Health continues to champion effective interventions and care coordination, particularly for chronic diseases associated with poor oral health.

Health Resources and Services Administration

² CDC Division of Oral Health: [About the Division of Oral Health | National Center for Chronic Disease Prevention and Health Promotion \(NCCDPHP\) | CDC](#)

³ CDC Division of Oral Health (2023). <https://www.cdc.gov/fluoridation/basics/anniversary.htm>

Health Resources and Services Administration (HRSA) Title VII General Practice and Pediatric dental programs are essential to expanding and distributing the dental workforce, particularly in underserved and remote areas. In the 2022-2023 academic year alone, these programs supported over 5,500 dental students and professionals, delivering care to over one million patients. According to the FY 2025 HRSA budget justification, nearly 70 percent of program graduates serve in these communities, with another 20 percent working in primary care settings like Federally Qualified Health Centers. Continued support is critical to maintaining and growing this impact. The future of our nation's health care workforce also depends on a robust faculty to guide them. The Dental Faculty Loan Repayment Program is key to addressing the dental faculty shortage by helping academic institutions recruit and retain qualified faculty. This program ensures new dentists are trained to meet the evolving needs of the nation.

Indian Health Service Dental Program

The Indian Health Service (IHS) Dental Health Program (DHP) provided nearly 3.5 million services in FY 2023—a 19% increase from the prior year. Despite progress, American Indian/Alaska Native (AI/AN) communities continue to face an overwhelming burden of oral disease, with more than 80% of AI/AN children aged 6–15 experiencing tooth decay.⁴ Continued support of community-based prevention and education through DHP is essential to reducing the prevalence and severity of oral disease and improving the oral health of the AI/AN population.

Oral health is a critical component of overall health and is foundational to individual well-being and the strength of our economy, which benefits from the \$478 billion annual economic impact of oral health. We urge you to reject the proposed cuts across HHS agencies and programs and instead prioritize investments that protect and advance America's oral health.

Thank you for your consideration and your continued commitment to the health of all Americans. We appreciate your attention to this critical issue and welcome the opportunity to discuss further. If you have any questions or need additional information, please contact Jennifer Fisher at fisherj@ada.org.

Sincerely,

Academy of General Dentistry

⁴ Indian Health Service FY 25 Budget Justification (2024): [Fiscal Year 2025 Justification of Estimates for Appropriations Committees](#)

American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association for Dental, Oral, and Craniofacial Research
American Association of Endodontists
American Association of Oral and Maxillofacial Surgeons
American Association of Orthodontists
American Dental Association
American Dental Education Association
American Student Dental Association
Society of American Indian Dentists